IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

For:	TRADE USER AUTHENTICATION IN MEDICAL DEVICE SYSTEMS	
Serial N		
Filed:	December 29, 2000	
	CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner of Patents and Trademarks, Washington, D.C.	
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	20231 on this day of April, 2002.	
	She Mcar	
	Signature	
	Sue McCoy Printed Name	
	ssioner of Patents and Trademarks gton, D.C. 20231	
Sir:		RECEIVED
We are transmitting herewith the attached:		APR 1 7 2002
☑ Supplemental Information Disclosure Statement ☑ PTO FORM 1449		Technology
_	D FORM 1449 Dies cited references	Technology Center 2600
	urn Postcard	•
FEE CA	ALCULATION	
	□ \$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action) □ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier) □ \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification □ \$180.00 Pursuant to 37 CFR §1.97(c) without Certification □ \$180.00 Pursuant to 37 CFR §1.97(d) with Certification	
	Applicant hereby petitions for a months' extension of time. If an additional extension of time is required, please consider this petition therefor.	
\boxtimes	Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.	
\boxtimes	Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard this filing. A duplicate of this transmittal is enclosed.	
) <i>4/0</i> Date	94/02	!shef

Telephone: (763) 514-6402